

Learn about 3 patients in the ERIVANCE trial and why they were deemed eligible for treatment with Erivedge[®] (vismodegib)

Erivedge was studied in ERIVANCE, a pivotal trial^{1,2}

ERIVANCE was a Phase II, international, single-arm, 2-cohort, open-label trial that demonstrated clinically meaningful benefit in advanced basal cell carcinoma (BCC). The trial was conducted in 104 patients with either metastatic BCC (mBCC) (n=33) or locally advanced BCC (laBCC) (n=71). Of the 104 patients enrolled, 96 were evaluable for objective response rate (ORR) and were treated with Erivedge 150 mg once per day orally until disease progression, intolerable toxicity, or withdrawal from study. Patients were seen at baseline and every 4 weeks for safety monitoring, and every 8 weeks for response assessment.

Objective response rate by independent review from ERIVANCE^{1*}

	laBCC (n=63)	mBCC (n=33)
ORR	43% (n=27)	30% (n=10)
(95% CI)	(30.5-56.0)	(15.6-48.2)
Complete response	21% (n=13)	0% (n=0)
Partial response	22% (n=14)	30% (n=10)
Median duration of response (months)	7.6	7.6
(95% CI)	(5.7-9.7)	(5.6-NE)

*Patients received at least 1 dose of Erivedge with independent pathologist-confirmed diagnosis of BCC. Locally advanced BCC patients were considered responders if they did not experience progression and had $\geq 30\%$ reduction in lesion size (sum of the longest diameter) from baseline in target lesions by radiography or in externally visible dimensions of target lesions (scar tissue was measured); or had complete resolution of ulceration in all target lesions. Complete response was objective response with no residual BCC on sampling biopsy. Partial response was objective response with presence of residual BCC on sampling biopsy. In the metastatic BCC cohort, response was assessed according to Response Evaluation Criteria in Solid Tumors (RECIST) version 1.0. Complete response was disappearance of all target and nontarget lesions. Partial response was $\geq 30\%$ decrease in SLD of target lesions from baseline.

CI=confidence interval; laBCC=locally advanced BCC; mBCC=metastatic BCC; NE=not estimable; SLD=sum of the longest diameter.

Incidence of common adverse reactions ($\geq 10\%$): Pooled analysis of 4 studies (N=138)^{1,3,4}

Adverse reactions occurring in $\geq 10\%$ of advanced BCC patients	Grade 1 (%) (Mild)	Grade 2 (%) (Moderate)	Grade 3 (%) (Severe)	Grade 4 (%) (Disabling or life-threatening)	All grades (%)
Muscle spasms	51.4%	16.7%	3.6%	–	72%
Alopecia	49.3%	14.5%	N/A	N/A	64%
Change in taste (dysgeusia)	34.1%	21.0%	N/A	N/A	55%
Weight loss	25.4%	12.3%	7%	N/A	45%
Fatigue	27.5%	6.5%	5%	0.7%	40%
Nausea	23.9%	5.8%	0.7%	–	30%
Diarrhea	21.7%	6.5%	0.7%	–	29%
Decreased appetite	15.2%	8.0%	2.2%	–	25%
Constipation	17.4%	3.6%	–	–	21%
Arthralgias	11.6%	3.6%	0.7%	–	16%
Vomiting	10.9%	2.9%	–	–	14%
Loss of taste (ageusia)	8.0%	2.9%	N/A	N/A	11%

Adverse reactions reported using *Medical Dictionary for Regulatory Activities* preferred terms and graded using *National Cancer Institute Common Terminology Criteria for Adverse Events v3.0* for assessment of toxicity. N/A=not applicable, this grade does not exist for this adverse reaction.

Indication

Erivedge is indicated for the treatment of adults with metastatic basal cell carcinoma, or with locally advanced basal cell carcinoma that has recurred following surgery or who are not candidates for surgery and who are not candidates for radiation.

Important Safety Information



BOXED WARNING: EMBRYO-FETAL TOXICITY

- Erivedge can cause embryo-fetal death or severe birth defects when administered to a pregnant woman. Erivedge is embryotoxic, fetotoxic, and teratogenic in animals. Teratogenic effects included severe midline defects, missing digits, and other irreversible malformations

- Verify the pregnancy status of females of reproductive potential within 7 days prior to initiating Erivedge. Advise pregnant women of the potential risks to a fetus. Advise females of reproductive potential to use effective contraception during and after Erivedge
- Advise males of the potential risk of Erivedge exposure through semen and to use condoms with a pregnant partner or a female partner of reproductive potential

Please see full [Prescribing Information](#), including the **BOXED WARNING** and the [Medication Guide](#), for a complete discussion of the risks associated with Erivedge.



David, 51-year-old with locally advanced BCC³

Eyelid: Nodular BCC



David's history of BCC

- David was initially diagnosed with BCC in 1972
- In 2006, he underwent multiple Mohs surgeries to the right upper medial eyelid

Reasons why David was eligible for treatment with Erivedge

- Surgery was medically contraindicated because of recurrent BCC that was unlikely to be curatively resected as well as anticipated substantial morbidity and/or deformity
- Radiotherapy was considered contraindicated because of proximity to the eye and Gorlin syndrome

Treatment

- David started treatment with Erivedge in October 2009 and was treated for 13 months
 - In the ERIVANCE trial, the median duration of treatment was 10.2 months (range, 0.7 to 18.7 months), inclusive of locally advanced BCC and metastatic BCC cohorts¹
- He continued treatment as of the data cutoff in November 2010

Clinical outcome

- David experienced a complete response, as assessed by independent review
 - Complete response is defined as objective response with no residual BCC on sampling biopsy
- The sampling biopsy at Week 24 did not show evidence of residual BCC

Treatment-related adverse reactions

- David experienced muscle spasms, alopecia, weight loss, nausea, musculoskeletal chest pain, and hypogeusia

ERIVANCE patient eligibility is based on study investigator assessment. Case study shows results of treatment in a specific patient and case was last verified at clinical data cutoff. Individual results may vary. This case is for general informational purposes only and is not intended to convey medical advice. You should use your independent medical judgment in the diagnosis and treatment of your patients.

Important Safety Information (cont'd)

Warnings and Precautions



Embryo-Fetal Toxicity

- **Females of Reproductive Potential:** Use contraception during therapy with Erivedge and for 24 months after the final dose
- **Males:** Use condoms, even after a vasectomy, to avoid potential drug exposure in pregnant partners and female partners of reproductive potential during and for 3 months after the final dose of Erivedge. Do not donate semen during and for 3 months after the final dose of Erivedge
- **Blood Donation:** Advise patients not to donate blood or blood products while receiving Erivedge and for 24 months after the final dose of Erivedge
- Advise female patients and female partners of male patients to contact their healthcare provider with a known or suspected pregnancy. Report pregnancies to Genentech at (888) 835-2555



Severe Cutaneous Adverse Reactions

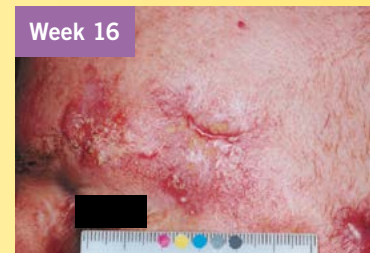
- Severe cutaneous adverse reactions (SCARs), including Stevens-Johnson syndrome (SJS), toxic epidermal necrolysis (TEN), and drug reaction with eosinophilia and systemic symptoms (DRESS), which can be life-threatening or fatal, have been reported during treatment with Erivedge. Permanently discontinue Erivedge in patients with these reactions

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Charlie, 46-year-old with locally advanced BCC³

Left eyebrow: Nodular and infiltrative BCC



Left preauricular area: Nodular and infiltrative BCC



Charlie's history of BCC

- Charlie was initially diagnosed with BCC in 1983
- He underwent multiple Mohs surgeries between 1984 and 2009, including Mohs on the left preauricular area

Reasons why Charlie was eligible for treatment with Erivedge

- Surgery was medically contraindicated because of anticipated substantial morbidity and/or deformity
- Radiotherapy was considered contraindicated because of the risk of retinal damage

Treatment

- Charlie started treatment with Erivedge in June 2009 and was treated for 17.5 months
 - In the ERIVANCE trial, the median duration of treatment was 10.2 months (range, 0.7 to 18.7 months), inclusive of locally advanced BCC and metastatic BCC cohorts¹
- He continued on treatment as of the data cutoff in November 2010

Clinical outcome

- Charlie experienced a non-response, as assessed by independent review

- Patients were considered non-responders if they met any of the following criteria:
 - <30% decrease in size of target lesions or ≥20% increase in size of target lesions (scar tissue was included in measurement of lesion)
 - New ulceration of lesions persisting without evidence of healing for at least 2 weeks
 - New lesions by radiographic assessment or physical examination
 - Progression of nontarget lesions by RECIST*
- The sampling biopsy of the left eyebrow lesion at Week 24 showed evidence of residual BCC
- The sampling biopsy of the left preauricular lesion did not show evidence of residual BCC

Treatment-related adverse reactions

- Charlie experienced acne, arthralgias, dysgeusia, fatigue, nausea, abnormal hair growth, muscle spasms, muscular weakness, and poor-quality sleep

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*Response Evaluation Criteria in Solid Tumors.

Important Safety Information (cont'd)

Warnings and Precautions (cont'd)

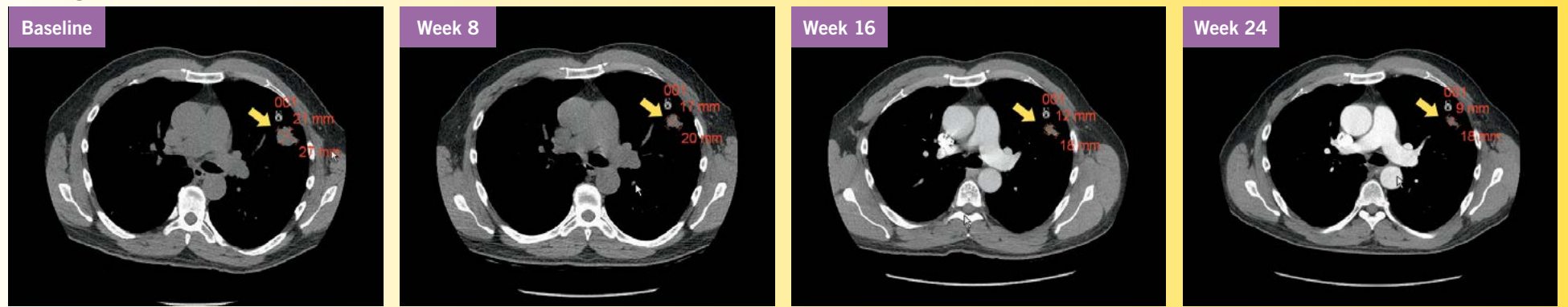
Premature Fusion of the Epiphyses

- Premature fusion of the epiphyses has been reported in pediatric patients exposed to Erivedge. In some cases, fusion progressed after drug discontinuation. Erivedge is not indicated for pediatric patients

Please see full [Prescribing Information](#), including the **BOXED WARNING** and the [Medication Guide](#), for a complete discussion of the risks associated with Erivedge.

Paul, 56-year-old with metastatic BCC³

Left lung: Metastatic BCC



Paul's history of BCC

- Paul was initially diagnosed with BCC in 1995
- He underwent multiple Mohs surgeries and excisions (forehead, nose, cheek, back, and leg)
- Metastasis to the lungs was identified in 2009

Treatment

- Paul started treatment with Erivedge in July 2009 and was treated for 16.4 months
 - In the ERIVANCE trial, the median duration of treatment was 10.2 months (range, 0.7 to 18.7 months), inclusive of locally advanced BCC and metastatic BCC cohorts¹
- He continued on treatment as of the data cutoff in November 2010

Clinical outcome

- Paul experienced a partial response, as assessed by independent review
 - Partial response is defined as $\geq 30\%$ decrease in sum of longest diameter of target lesions from baseline

Treatment-related adverse reactions

- Paul experienced abnormal hair growth, acne, alopecia, decreased appetite, dizziness, dysgeusia, epistaxis, fatigue, muscle spasms, and weight loss

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Important Safety Information (cont'd)

Warnings and Precautions (cont'd)

Adverse Reactions

- The most common adverse reactions ($\geq 10\%$) were muscle spasms, alopecia, dysgeusia, weight loss, fatigue, nausea, diarrhea, decreased appetite, constipation, arthralgias, vomiting, and ageusia
- Amenorrhea can occur in females of reproductive potential. Reversibility of amenorrhea is unknown. In clinical trials, 30% of 10 pre-menopausal women developed amenorrhea while receiving Erivedge
- Grade 3 laboratory abnormalities observed in clinical trials were hyponatremia (4%), azotemia (2%), and hypokalemia (1%)
- Additionally, in a post-approval clinical trial conducted in 1232 patients with locally advanced or metastatic BCC treated with Erivedge, a subset of 29 patients had baseline values for blood creatine phosphokinase (CPK) reported. Within the subset of patients, 38% had a shift from baseline, including Grade 3 (3%) increased CPK. Grade 3 or 4 increased CPK occurred in 2.4% of the 453 patients across the entire study population with any CPK measurement
- Adverse reactions identified during post-approval use: drug-induced liver injury, Stevens-Johnson syndrome/toxic epidermal necrolysis, drug reaction with eosinophilia and systemic symptoms

Use in Specific Populations

Lactation

- No data are available regarding the presence of vismodegib in human milk, the effects of the drug on the breastfed child, or the effects of the drug on milk production. Advise women that breastfeeding is not recommended during therapy with Erivedge and for 24 months after the final dose

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Boxed Warning and Additional Important Safety Information

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You may report side effects to the FDA at (800) FDA-1088 or www.fda.gov/medwatch. You may also report side effects to Genentech at (888) 835-2555.

References: 1. Erivedge® (vismodegib) capsule Prescribing Information. Genentech, Inc. July 2020. 2. Sekulic A, Migden MR, Oro AE, et al. Efficacy and safety of vismodegib in advanced basal-cell carcinoma. *N Engl J Med.* 2012;366(23):2171-2179. 3. Data on file. Genentech, Inc. 4. Common Terminology Criteria for Adverse Events v3.0 (CTCAE). National Cancer Institute. https://ctep.cancer.gov/protocolDevelopment/electronic_applications/docs/ctcae3.pdf. Accessed October 28, 2021.

Do you see patients with advanced BCC in your practice?

Visit Erivedge.com to learn more about Erivedge

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Erivedge
(vismodegib) capsule